## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)		FOR LINE NUMBER:						15	548 OF	: 3	833		
	(C	(check only one)											
for each category of the Detailed Summary Page		×	11a		11b		11c		12				
			13		14		15		16		17		
not be sold or used by any person for the purpose of soliciting contributions lress of any political committee to solicit contributions from such committee.													

	Detailed Summary Page	13 14 15 16 17				
	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full) DCCC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Full Name (Last, First, Middle Initial)  A. AKILA KLAPIJA	Date of Receipt					
Mailing Address 675 WATER ST  APT 2E	01 15 2016					
City	State Zip Code	Transaction ID: VT4C3Q3SX45				
NEW YORK	NY 10002-8103	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	2000.00				
Name of Employer	Occupation	Memo Item				
INFORMATION REQUESTED	INFORMATION REQUESTED					
Receipt For:  Primary General	Aggregate Year-to-Date ▼					
Other (specify)	0.00					
Full Name (Last, First, Middle Initial)  AKILA KLAPIJA		Date of Receipt				
Mailing Address 675 WATER ST		M = M / D = D / Y = Y = Y				
APT 2E City	State Zip Code	01 21 2016 Transaction ID : VT4C3Q9JGH6				
NEW YORK	NY 10002-8103	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	-2000.00				
Name of Employer	Occupation	Memo Item				
INFORMATION REQUESTED	INFORMATION REQUESTED					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	0,00	NSF				
Other (specify) ▼	0.00					
Full Name (Last, First, Middle Initial)  C. HAROLD KLEBANOFF		Date of Brazilla				
Mailing Address 411 N NEW RIVER DR E		Date of Receipt				
APT 3306		01 29 2016				
City FORT LAUDERDALE	State Zip Code FL 33301-3183	Transaction ID : VT4C3Q9BJA0  Amount of Each Receipt this Period				
FEC ID number of contributing						
federal political committee.	C	1000.00				
Name of Employer	ne of Employer Occupation					
N/A	RETIRED					
Receipt For:  Primary  General	Aggregate Year-to-Date ▼					
Other (specify) ▼	1000.00					
SUBTOTAL of Receipts This Page (optional)		1000.00				
	<u> </u>					
TOTAL This Period (last page this line number	r only)					